

<i>SERFF Tracking Number:</i>	<i>UHLC-125799097</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>40133</i>
<i>Company Tracking Number:</i>	<i>BA8982 DIS AR WEB (02/06)</i>		
<i>TOI:</i>	<i>MS05G Group Medicare Supplement - Standard Sub-TOI:</i>	<i>MS05G.001 Plan A</i>	
	<i>Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Web Wrap/BA8982 DIS AR WEB (02/06)</i>		

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UHLC-125799097 State: ArkansasLH

TOI: MS05G Group Medicare Supplement - SERFF Status: Closed State Tr Num: 40133
Standard Plans

Sub-TOI: MS05G.001 Plan A Co Tr Num: BA8982 DIS AR WEB State Status: Filed-Closed
(02/06)

Filing Type: Advertisement	Co Status:	Reviewer(s): Stephanie Fowler
	Author: Tammy Frederick	Disposition Date: 10/02/2008
	Date Submitted: 09/02/2008	Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Web Wrap	Status of Filing in Domicile: Not Filed
Project Number: BA8982 DIS AR WEB (02/06)	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Association

Filing Status Changed: 10/02/2008

State Status Changed: 10/02/2008

Deemer Date:

Corresponding Filing Tracking Number: BA8982 DIS AR WEB (02/06)

Filing Description:

We enclose for your information and review, proof copies of advertising for use in connection with the AARP group health insurance program. This advertising wrap is the WEB version of the previously approved wrap BA8982 DIS AR (02/06), which was approved by the Department on March 20, 2006. This wrap is being reformatted for electronic use.

The Policy Form Number GRP79171 GPS-1 appears on BA8982 DIS AR WEB (02/06), which is attached on the Form

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Schedule tab for your review.

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
601 Office Center Dr. (267) 470-1519 [Phone]
Fort Washington, PA 19034 (267) 470-1906[FAX]

Filing Company Information

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut
450 Columbus Boulevard Group Code: 707 Company Type: Health
PO Box 150450
Hartford, CT 06115-0450 Group Name: State ID Number:
(215) 653-8046 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: Per Component
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$25.00	09/02/2008	22235109

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	10/02/2008	10/02/2008

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Disposition

Disposition Date: 10/02/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	Web Wrap	Filed	Yes

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Form Schedule

Lead Form Number: BA8982 DIS AR WEB (02/06)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	BA8982 DIS AR WEB (02/06)	Advertising	Web Wrap	Initial			BA8982 DIS AR WEB (02-06).pdf

Your Guide to AARP's Medicare Supplement Insurance Portfolio of Plans

Outlines of Coverage and Cover Pages can be Accessed On-line

How to Use Your Guide

This Guide contains detailed information about the benefits of the Medicare supplement insurance plans available to you through the AARP Health Care Options program.

AARP's Medicare Supplement Insurance Portfolio of Plans, underwritten by United HealthCare Insurance Company, provides a wide choice of benefits to AARP members, so you can choose the plan that best fits your individual health insurance needs.

To find the plan that is best for you:

- Look at the [Cover Page](#) on-line. This page shows the benefits of the Medicare supplement plans and the rates of the plans available in your state. Benefits and cost vary depending upon the plan selected and the information you provide. It also indicates any specific provisions that may apply in your state.
- For more information on a specific plan, look at the [Outline of Coverage](#) which outline(s) the benefits of that plan. The chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the costs you would have to pay yourself.

If you have any questions, call AARP Health Care Options toll free, 1-800-523-5800, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 1-800-232-7773 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español — llame al 1-800-822-0246, de lunes a viernes, de las 8 a.m. a las 5 p.m. y sábado de las 9 a.m. a las 5 p.m., hora del este.

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 50 or older, covered by both Part A and Part B of original Medicare and not duplicating any Medicare supplement coverage. (Note: If you are not yet age 65, you may only apply for one of the AARP Medicare Supplement Plans A through J.)

Important Acceptance Information

- Your acceptance is guaranteed if, within the last 6 months, you have either enrolled in Medicare Part B or turned age 65.
- If you lose health coverage and are an eligible AARP member, you may be considered an "Eligible Person" entitled to guaranteed acceptance and you may have a guaranteed right to enroll in certain AARP Medicare Supplement Plans under specific circumstances. You are required to:
 1. Apply within the required time period following the termination of your prior health plan.
 2. A copy of the termination notice you received from your prior insurer must be submitted in order to successfully process your application. This notice must verify the circumstances of your prior plan's termination and describe your right to guaranteed issue of Medicare supplement insurance.

If you have any questions on your guaranteed right to coverage, you may wish to contact the administrator of your prior health plan or your local state department on aging.

Glossary of Terms

Lifetime Reserve Days are limited by Medicare to 60 days during your lifetime. Once these are used, Medicare provides no hospital coverage after 90 days of a benefit period.

Medicare Eligible Expenses are the health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary. Physicians under Medicare can agree to accept Medicare's eligible expense as their fee amount. Your physician or surgeon may charge you more.

Hospital or Skilled Nursing Facility — A hospital is an institution that provides care for which Medicare pays hospital benefits. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare. The skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or a prior covered skilled nursing facility stay. Both the hospital stay and the skilled nursing facility stay must start while you are covered under this plan. Custodial care does not qualify as an eligible expense.

Excess Charge is the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law and the Medicare approved Part B charge.

General Information

This on-line material describes the plans available through the AARP Health Care Options program but is not considered a health insurance contract or insurance certificate. AARP Medicare Supplement Insurance Plans have been developed in line with federal standards. However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program. The Policy Form No. GRP79171 GPS-1 is issued in the District of Columbia to the Trustees of the AARP Insurance Plan. **By enrolling, you are agreeing to the release of Medicare claim information to United HealthCare Insurance Company so your Medicare supplement benefits can be processed automatically.**

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Stays beginning, or care or supplies received, before your plan's effective date.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care or visits for which no charge would be made to you in the absence of insurance.
- Any stay which begins or medical expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

The following individuals are entitled to a waiver of this pre-existing condition exclusion:

1. Individuals who are replacing prior creditable coverage within 63 days after termination, or
2. Individuals who are turning age 65 and whose application form is received before the last day of the month in which they turn 65, or
3. Individuals who are "Eligible Persons" entitled to Guaranteed Acceptance, or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

Other exclusions may apply; however, in no event will your plan contain coverage limitations or exclusions for the Medicare Eligible Expenses that are more restrictive than those of Medicare. Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

Important Information About Cancellation

Your coverage can never be canceled because of your age, your health or the number of claims you make. Coverage may be canceled due to nonpayment of premium or material misrepresentation. If your group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your coverage to an individual Medicare supplement policy issued by United HealthCare Insurance Company. Of course, you may cancel your protection any time you wish. All transactions are effective on the first of the month following receipt of the request.

The AARP Insurance Trust

The AARP Insurance Trust retains income from the investment of monies on deposit in trust accounts. United HealthCare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.



INSURED BY
United HealthCare
Insurance Company

**AARP Medicare Supplement Plans insured by:
United HealthCare Insurance Company**

1-800-523-5800

**For information about our family of health products and services
www.aarphealthcare.com**

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